

Town of Miami Lakes

Building Department

15150 NW 79th Court, 1st Floor

Miami Lakes, FL 33014

Phone: 305.827.4015 Fax: 305.558.9884

www.miamilakes-fl.gov



BUILDING PERMIT APPLICATION

Job Address: _____

Unit #: _____

Folio #: 32-

Owner-Builder: ☐

Master Permit #: _____

Sub Permit #: _____

Revision #: _____

OWNER INFORMATION		LEGAL USE/WORK	
NAME:		Current Use of Property: _____	
Address:		Job Description _____	
City, State, Zip			
Phone #: _____	Cell #: _____	JOB COST \$ _____	AREA/LENGTH: _____ SF/LF
Email Address: _____		Residential <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/>	
		Code in Effect: _____	
		Occupancy: _____	
		Construction Type: _____	
		Flood Zone/B.F.E.: _____	F.F.E.: _____
CONTRACTOR INFORMATION		ARCHITECT/ENGINEER	
Company Name:		Firm Name:	
Qualifier Name:		A/E of record:	
License #		License #	
Address		Address	
City, State, Zip		City, State, Zip	
Phone #: _____	Cell #: _____	Phone #: _____	Cell #: _____
Email Address: _____		Email Address: _____	
Permit Type -- Check only One		Change to Permit -- Check only One	
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing/Gas		<input type="checkbox"/> Extension <input type="checkbox"/> Renewal <input type="checkbox"/> Revision	
<input type="checkbox"/> Paving/Drainage <input type="checkbox"/> Sign <input type="checkbox"/> Roofing <input type="checkbox"/> P/W		<input type="checkbox"/> Change Contractor <input type="checkbox"/> Shop Drawing <input type="checkbox"/> Cancellation	

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards, of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, RE-ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, etc. I understand that signing this application I am responsible for the supervision and completion of this construction including scheduling of inspections and obtaining final inspections in accordance with the plans and specification WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. OWNER/CONTRACTOR AFFIDAVIT: I Certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

X

Signature of Owner or Owner's Agent _____ Date _____

Print Name of Owner or Owner's Agent _____

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this _____ 20__

by _____ (SEAL)

Personally known ☐ or I.D. _____

X

Signature of Qualifier _____ Date _____

Print Name of Qualifier _____

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this _____ 20__

by _____ (SEAL)

Personally known ☐ or I.D. _____

NOTICE: In addition to the requirements of this permit, there may be additional deed restrictions enforced by the homeowner's associations that may be applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

Note: This application will be void if there are no reviews after six (6) months



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BUILDING
DEPARTMENT

HOMEOWNER'S ASSOCIATION/ARCHITECTURAL CONTROL COMMITTEE ("HOA/ACC") AFFIDAVIT

The undersigned individual, being duly sworn, deposes and says that:

1. He/She is the owner of property located at _____ (*identify address*), which is part of the _____ (*identify neighborhood/subdivision/Homeowner Association "HOA"/Architectural Control Committee "ACC" if applicable*) and has submitted the attached building permit application to the Town of Miami Lakes; and
2. He/She is owner of property which may be subject to certain conditions and deed restrictions; and
3. He/She is fully informed regarding any applicable deed restrictions and HOA/ACC requirements for building on or making changes to their property; and
4. He/She is aware that the Town recommends, although not required, that the he/she secure any required approvals from their HOA/ACC, prior to submitting this building permit application; and
5. He/She acknowledges that the issuance of a building permit does not independently satisfy any applicable HOA/ACC approval requirements and that the Town does not enforce any deed restrictions upon said property.

Signature

Print Name

Date

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgments, personally appeared _____ as owner of said property described herein, on this date executed the foregoing Affidavit for the purposes mentioned in the Affidavit. He/She is personally known to me or has produced _____ as identification.

IN WITNESS OF THE FOREGOING, I have set my hand and official seal at in the State and County aforesaid on this _____ day of _____, 200__.

My Commission Expires:

Notary Public, State of Florida

***Note: Please be advised that in addition to any written recommendations from your homeowners association (HOA) this affidavit must be filled out.**

In addition, whether you have an HOA or not, it is a requirement to complete this affidavit as part of your permit application submittal package.